

**COVER SHEET FOR AMENDMENT OF  
POST-TRAVEL SUBMISSION**

Date-Time Stamp

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**Instructions:** Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

**SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING**

Name of Traveler: Brennen Britton

Employing Office/Committee: Moran

Private Sponsor(s) (List all): AIEF, American Israel Education Foundation

Travel Date(s): May 6-14, 2017

Description/Title of Attached Forms: Amended RE-2 Form

Purpose of Amendment (describe the reason for amending original submission): Post-travel submission  
must be amended with the Office of Public Records in SH-232.

6/5/2017  
(Date)

[Signature]  
(Signature of Traveler)

# Employee Post-Travel Disclosure of Travel Expenses

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

Date/Time Stamp:  
RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS  
17 MAY 25 PM 3:37

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☐ The original Employee Pre-Travel Authorization (Form RE-1), AND  
☐ A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): American Israel Education Forum Foundation (AIEF)

Travel date(s): May 6-14, 2017

Name of accompanying family member (if any): n/a

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

## Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input checked="" type="checkbox"/> Actual Amount	6722.75	1971	890.90	3003 total See attached for breakdown

## Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount	n/a	n/a	n/a	n/a

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): see full itinerary

5/25/2017 Brennan B. Hoffman  
(Date) (Printed name of traveler)

[Signature]  
(Signature of traveler)

## TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

5/25/2017  
(Date)

Jerry Moran  
(Signature of Supervising Senator/Officer)

Form RE-2